

DBHDS Bridge Funding Application

Individual's Name: [Click here to enter text.](#)

Provider Name: [Click here to enter text.](#)

Provider Address: [Click here to enter text.](#)

Individual's Name: [Click here to enter text.](#)

Summary of Individual and Support Needs

1. Please list the Essential Support Needs documented in the Discharge Plan and Discussion Record, for which Bridge Funding is requested. Bridge Funding may NOT be used to purchase goods or services which may be funded through Medicaid or any other means at the time funding is provided (see Bridge Funding Guidelines for reference). Virginia's Bridge Funding Guidelines describe the types of goods and services that may be funded with Bridge Funding.

[Click here to enter text.](#)

2. **Prior to discharge**, supports such as but not limited to the following may be funded:

☐ Modifications and Equipment

☐ Additional Staff Training

- Describe the reason for the pre-discharge request and what specific supports are requested:

[Click here to enter text.](#)

3. **Post-Discharge** supports are available after training center discharge and support a wider variety of community options in the following ways:

☐ Room and Board Subsidies

☐ General/Overnight Supervision

☐ Off-site Supervision

☐ Nutritional Supplements

☐ Infrastructure Grants for Residential Providers

☐ Extended Medical Supports

☐ Applied Behavioral Analysis

☐ Infrastructure Grants for Employment Prevocational or Day Support Providers:

☐ Other

- Describe the reason for the post discharge request and what specific supports are requested:

[Click here to enter text.](#)

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Items/Services Being Requested Through Bridge Funding and Total Amount

Type of Support	Frequency of Service/Support (e.g., one-time, daily, monthly, etc.)	Rate	Monthly Cost (for ongoing supports)	Annual Total
Click here to enter text.				
TOTAL AMOUNT				\$ -

4. Describe further justification (as needed):

[Click here to enter text.](#)

5. Required Attachments:

- ☐ Discharge Plan and Discussion Record
- ☐ Staffing Allocation Plan (MUST include the total number and types of staff needed and required staffing ratio)
- ☐ Individual Service Authorization Request
- ☐ Detailed Plan for utilizing Infrastructure Grants
- ☐ Detailed timeline for implementation of supports
- ☐ Quotes for Home Modifications – (minimum of 2 quotes for each modification requested)
- ☐ Incident Analysis (as needed) – e.g., hospitalization rate for past year, behavioral data, etc.
- ☐ Proactive and/or crisis plan to address any identified risk areas
- ☐ Detailed program budget [this is mentioned in the Bridge Funding Guidelines.]

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This application is submitted by the parties below.

Signature of Individual/AR

Date

Signature of Provider/Title

Date

Signature of CIM to indicate date the signed
application was received

Date